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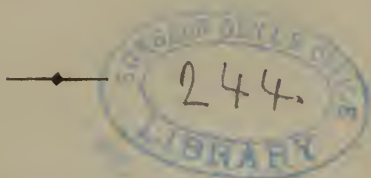




CONSUMPTION CURABLE,  
AND  
ITS TREATMENT.

✓

BY WM. M. CORNELL, A. M., M. D.



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## PREFACE.

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EVERY bookmaker has some plea for publishing his views, or making his book. The author has his. He has been a careful observer of consumptive persons and consumption for many years. He belonged to a consumptive family — father, mother, and brother all having died of this disease. He had a strong *predisposition* to it in his own person, which has cost him much effort, but which he has been enabled *so far* to overcome, as to yet live — which, more than one physician told him he would not do till he was forty years of age. More than twenty years since, he had a long sickness, and more than one, of *thirty* physicians consulted, said, he had *tubercles* in his lungs, which would, probably, develop themselves by consumption, before he saw forty years. It was this prediction, together with the fact that he supposed, he knew *how* to prevent their development, which led him to publish, in 1845, “Consumption Prevented,” which passed through several editions. In that, some reference was had to , another volume, meaning the present, on “The Cura-

bility of Consumption.” He then supposed, it would have appeared long before the present time; but professional duties, and a somewhat feeble state of health, have caused its delay. Such as it is, (and it is as perfect as he has been able, under the circumstances, to make it,) it is now given to the public. The author hopes it will benefit some who are exposed to the ravages of consumption. He asks only, that it be read, before it be condemned, or criticized.

He has omitted giving the *physical* signs and *pathological* symptoms of consumption minutely, in this work, as they appropriately belong to the treatment of the disease by the medical profession, which he, by no means, feels competent to instruct, nor has he any wish to attempt it. The main design of the work is, to hold out encouragement of recovery, *as possible*, to the invalid, and to strengthen the hopes of his medical attendant, and to collect together the remarks of eminent physicians on this subject, and suggest some of his own ideas.

THE AUTHOR

Boston, No. 496 Washington }  
Street, Feb. 25, 1850. }



# CONSUMPTION CURABLE.

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## CHAPTER I.

PROOFS OF THE CURABILITY OF CONSUMPTION,  
TAKEN FROM EMINENT PHYSICIANS.

I PURPOSE to write a short, plain treatise on Consumption; a disease, which, I need not say, makes fearful ravages among our citizens who live on the borders of the Atlantic. I have written my views on the "*prevention*" of this disease, in a work which has been before the public for some years.

If the cholera were to cause as many deaths each year, among us, as consumption does, we should be greatly alarmed. Our newspapers and medical journals would be

full of reports, recipes, fearful ravages, and forebodings. We should have cholera hospitals, physicians, boards of health, quarantines, rewards offered for specifics, and dissertations upon that dreadful disease, which was making such terrible havoc among us.

Now, about one fifth of the deaths in Boston, and the vicinity are from consumption ; and yet, we move calmly on, consoling ourselves, as best we may, that such is the inscrutable law of a mysterious Providence, and we cannot help it. The late Dr. James Johnson, of London, than whom no man did more for the promotion of medical science, or was more skilful in the medical profession, said: "Pulmonary consumption alone, is computed to carry off fifty-five thousand British subjects annually, or cause one fifth or sixth of the whole mortality." I select the following from the *British and Foreign Medical Review*. They are extracts from

## M. Louis' Researches on Consumption in Paris.

### DURATION OF CONSUMPTION.

“Too much stress can scarcely be laid upon the importance of acquiring an accurate notion of the mean duration of consumption, and yet no task of greater difficulty, probably, can be assigned the physician. He who has practically, and, at the same time, conscientiously, endeavored to ascertain the period of origin of the disease, in a considerable number of cases, will fully bear us out, we doubt not, in this view of the difficulty of the attempt. It is obvious that the *real* duration of the malady, from the first hour of anatomical change, can never — no more than in the instance of cancer, for example — be accurately made out; all we can hope to arrive at is the mean duration of the disease, after it has given symptomatic evidence of its existence. In other words, its average *apparent* duration.

“In the former edition of his work on consumption, M. Louis gave the duration of 114 cases ;

in the present, he adds that of 193 more. We shall place together these two series of results.

<i>Duration.</i>	<i>No. of Cases.</i>	<i>Duration.</i>	<i>No. of Cases.</i>
22 days, . . . .	1	39 days, . . . .	2
24 " . . . .	2	40 " . . . .	1
30 " . . . .	1	45 " . . . .	1
35 " . . . .	2	50 " . . . .	2
52 " . . . .	1	13 months, . . . .	2
60 " . . . .	1	13½ " . . . .	2
70 " . . . .	1	14 " . . . .	9
75 " . . . .	1	14½ " . . . .	2
80 " . . . .	1	15 to 19 months, .	10
81 " . . . .	1	17 to 18 " . . . .	7
84 " . . . .	1	19 months, . . . .	5
3 months, . . . .	7	20 " . . . .	4
3½ " . . . .	5	21 " . . . .	2
4 " . . . .	17	23 " . . . .	3
4½ " . . . .	2	24 " . . . .	18
5 " . . . .	19	28 " . . . .	1
5½ " . . . .	4	30 " . . . .	3
6 " . . . .	25	36 " . . . .	9
6½ " . . . .	2	39 " . . . .	1
7 " . . . .	16	48 " . . . .	11
7½ " . . . .	6	60 " . . . .	6
8 " . . . .	17	66 " . . . .	1
8½ " . . . .	1	72 " . . . .	4
9 " . . . .	20	84 " . . . .	1
9½ " . . . .	2	90 " . . . .	1
10 " . . . .	10	10 years, . . . .	2
10½ " . . . .	1	12 " . . . .	1
11 " . . . .	10	14 " . . . .	1
12 " . . . .	13	20 " . . . .	1
12½ " . . . .	3		

“Hence it follows, that out of a mass of 307 patients, 4 died within the first month, 14 within two months, 26 within the first three months, 98, or about one third of the whole number, within the first six months; facts sufficiently demonstrative of the rapid progress of the disease in a large proportion of cases. In two years 264 of the total number are gone, leaving only 43 to drag on their weary existence. The author has not calculated the mean duration of the malady from his individual facts; we find it to be from seventeen to eighteen months, taking the entire mass of cases; but if the five cases in which the disease lasted ten years or upwards be omitted from the calculation, the average duration is reduced to from fourteen to fifteen months.

“The mortality produced by consumption in the wards of M. Chomel, where the author’s first collection of cases was taken, was really enormous, being in the proportion of one to two of the total amount of deaths. And if to the number of persons actually dying from consumption be added that of subjects, who. perishing of

other affections, had, nevertheless, tubercles, or tuberculous cavities, in the lungs, (forty persons appeared in this category,) we have a total mass of 163 tuberculous deaths, (if the expression be admissible,) out of 358 occurring in the wards of La Charité. There is too much reason to believe that the proportion would be found equally high among ourselves. had we some physician possessing the devotion and the opportunities of M. Louis, ready to investigate the question on the same principles, in the wards of our hospitals."

This calculation of the vast number of deaths from consumption, by one of the most eminent physicians in the world, is startling; one half, or nearly that amount, of all the deaths from *tuberculization*; and the editor of the *British and Foreign Medical Review* thinks the case is not much different among them.

In our climate the mortality from this disease does not vary much from that of

England. This is, indeed, a fearful ravager ; and seemingly to increase the panic, and cause the greater mourning, these persons are usually the most mental, beautiful, active and enterprising, of any class in the community. They are, generally, young persons, or, at most, but in the meridian of their days, for, it is a well-known fact, that after the age of forty-five, the deaths from this disease are proportionally much less, than from fifteen up to that period.

The average yearly mortality, as near as the writer has been able to gather the facts of deaths in Boston, from consumption, for the last five years, has been over four hundred. Verily, this is a startling fact.

The symptoms of this disease are marked and well known. The hectic flush, the cough, expectoration, nocturnal perspiration, the wasting body, the sharp and drawn nose, the shining white around the eye, and a shade of pearl blue, the hollow cheeks and

bitter smile, the oblique neck and projecting shoulder-blades, the stooping form, incurvated nails and large joints, the vermilion lips, and burning heats in the palms of the hands, and brick red line around the gums, are too striking to be mistaken. These heart-rending symptoms are daily presented to the agonized friends. The loveliest of creation thus sink.

And can nothing be done to avert this sad catastrophe? Must this fearful mortality still continue, yea, even increase? I have now only a few additional words to say about *prevention*, (having treated that subject elsewhere.)

1. Consumption is *contagious*. I mean by this, that it can be taken by one person from another. The ancient Romans so believed, and hence burnt the beds, clothes, furniture, and books, of those who had died from this disease. Rarely, if a husband or wife has this disease, and the healthy



companion continues to lodge with the sick one, does the healthy one escape the disease. Many cases of this kind I have known. The same is true of a sister, who takes the nursing of, and sleeps with a consumptive sister.

I know it seems hard to the sick that a companion, or a near friend, should be afraid (as it is termed) to lodge with them. But it is "the first law of nature to preserve one's self." If the sick *must suffer* unless the healthy were thus exposed, the case would be very different. But such is not the fact. They can have all proper and necessary attention, without the health of a friend being thus endangered. This breathing the air, as it issues from a decayed, or decaying lung, and receiving the perspiration from a consumptive body, is at the risk of health and life. Who has not seen a whole family of sisters, living together, and nursing each other, successively follow one another, with

fearful strides, to the same dark and final resting-place; while the one, or two, who had earlier removed from the paternal mansion, have escaped? Such instances are not rare. I have now in vivid recollection a family of five sisters, who all died of consumption in a few years, while one, who was married, and had removed from the paternal domicile, still lives. My only brother died of consumption. His wife nursed him, and lodged with him till two days before his decease; and though she was of a healthy family, and where there was no hereditary predisposition, yet she took the disease, lingered for about a year, and died.

Several years since, I knew a young lady, who, while taking the care of a consumptive sister, as she inhaled her breath, one day, when the sick sister was coughing, was conscious that she had taken the disease. She was immediately sickened at the stomach, and in three months after the death of

her sister, she also died of the same disease.

In the *Boston Medical and Surgical Journal*, volume xxx., page 491, Dr. Comstock, of Lebanon, Ct., gives an account of a Capt. Griswold, who, being in consumption, was sent to South Carolina, where he died. His brother, then in health, accompanied him and nursed him, and took the disease, and also died. There was no *hereditary* predisposition to the disease in the family. The "disease was filial or fraternal," says Dr. C.; by which he could mean nothing, but that it was taken by the one from the other.

Much more might be said on this point, but it is not necessary. If *this* does not convince of the contagious nature of consumption, more would not be likely to do it. The words of the poet are worth remembering:

"If health you 'd keep, shun those who are unsound ;  
By looking on sore eyes our own we wound."

2. *Travelling* for the *prevention* of consumption is good. *Before* the lungs are really diseased, travelling to a *warm* climate, where the air is mild and of a uniform temperature, has a tendency to ward off the disease. If our ever variable climate be changed for the beautiful and mild atmosphere of Italy, or the south of France, or the southern portions of our own country, such as Florida, or Alabama, *before* the lungs have become essentially diseased, they will be likely to remain in a healthy state.

I once thought favorably of sending the consumptive invalid abroad; but I think I have grown wiser on this subject. To send him *from* his home, when he most needs a home, is but to give him a lasting home. It is but to leave the circle of his friends, to die among strangers. But few can bear the shock of being wrenched from friends and home; much less, the consumptive patient. The fatigue of travel, the cold, or the

heat; the worry and bustle of hotels; the change in diet and drink, with, not unfrequently, the badness of both; the risk of damp beds, and other inconveniences that need not be named, more than overbalance the good to be derived from going abroad. So thoroughly have I been convinced of this truth, that for some time past, I have advised the consumptive patient to take his chance at home. The numerous instances of deaths abroad are an alarming beacon to those who would thus venture. They seem to say, beware! for death is here.

A cold climate acts as a protection against consumption.

*Dr. A. S. Weatherspoon*, in a paper read to the New York Medical and Surgical Society, says:

“The climate of Fort Kent, Maine, like that of the colder regions of Northern Europe, does not seem favorable for the production of pulmonary consumption. During my sojourn at the post, I

have neither seen nor heard of a case of this disease among the French or American settlers. Assistant Surgeon Isaacs, who, during the two years he was resident at the fort, had a much better opportunity than myself of becoming acquainted with the diseases of the country, informs me, not only that he never saw a case of consumption in the country, but that some of the inmates of the garrison, who were affected with suspicious symptoms, recovered from them entirely. The present revenue officer at this post, a man of decidedly scrofulous temperament, had suffered a slight attack of hæmoptysis, and other symptoms of incipient pulmonary disease, when he was ordered to this post. Though liable to catch cold when exposed, his cough no longer troubles him. He has gained flesh and strength, and considers himself free from the disease. A careful examination of the chest, in this case, gave no marked results, yet I have no doubt, from his symptoms, that, when ordered to Fort Kent, he was suffering under tubercular deposition in the lungs."— *Dr. W., in Boston Med. and Sur. Journal.*

Many such results have induced me to believe that it is better to go North, than South, for consumptive patients.

The *cure* of consumption has been undertaken by multitudes of empirics, and it has often afforded them a fruitful harvest ; while the medical faculty have generally supposed nothing could be done to avert impending doom. Or, if they have prescribed, it has been with but little confidence, or expectation of success. They have felt, that so little could be done, that what they have done, has not accomplished much. They have, *generally*, looked upon consumptive patients as hopeless cases, and all who gave them encouragement of recovery, as either utterly ignorant of their situation, or consummate villains. I mean, this has been the case, till recently, and with some, is still. This has had a tendency to drive such invalids to those who promised much, how little soever they might be able to perform. I say, *generally*,

for it has been admitted, that some have recovered who really had consumption; and, more recently, men of the greatest eminence in the profession have believed, and published the belief, that consumption is curable, and has been cured, both by nature and art, or by nature greatly assisted by art.

Were I not conscious that I could verify this declaration by the published statements of many of the most skilful and scientific men in the medical profession, I should not make it. But, lest it may be thought presumptuous, I will proceed to prove it in the sequel.

*Sir James Clark*, in his treatise on consumption, says:—"That pulmonary consumption admits of a cure, is no longer a matter of doubt; it has been clearly demonstrated by the researches of *Laennec* and other modern pathologists." *Dr. Carswell*, who investigated such matters, probably as thoroughly as any man, says: "Pathologi-



cal anatomy has perhaps never afforded more conclusive evidence in proof of the curability of a disease, than it has in that of tubercular phthisis." Again, *Dr. Clark* says: "It not unfrequently happens that young persons are attacked with symptoms of phthisis, which, under proper treatment, cease, and years elapse before there is any renewal of the disease. Were advantage taken of the intervening period, to correct the tubercular diathesis, the cure might prove perfect. I have known recoveries from two such attacks, the third proving fatal; the interval between the first and last attack was twelve years." *Laennec* also says: "I think it is more than probable that hardly any person is carried off by a first attack of phthisis."

These are very important statements, and seem to throw the fate of the consumptive man almost into his own hands, or that of his own physician; for, as is above said "if

advantage be taken of it, he may permanently recover;" and who would not take *advantage* in such a case, when life is at stake.

*Dr. George B. Wood*, Professor of Materia Medica and Pharmacy in the University of Pennsylvania, one of the physicians of the Pennsylvania Hospital, and one of the Authors of the Dispensatory of the United States of America, whose orthodoxy and medical conservatism no one will doubt, in his "Practice of Medicine," page 109, says, "I am not one of those who believe that phthisis (consumption) is in all cases necessarily fatal. On the contrary, I believe that, in one stage or another, it is occasionally cured, or at least, ends in perfect recovery. It is no very unfrequent event to see threatening symptoms of phthisis give way under suitable treatment. It cannot be proved, with absolute certainty, that these symptoms were tuberculous; because the

evidence of dissection is wanting, and the physical signs are not sufficiently positive, in mild cases of early phthisis, to authorize a certain conclusion. But they are undistinguishable from symptoms, which, in other cases, are the forerunners of confirmed phthisis, (consumption,) and we have abundance of evidence, from dissection, that tubercles are capable of undergoing favorable modifications. The probability is, that the tuberculous matter is absorbed, and sometimes, as shown by dissection, replaced by calcareous matter; and if the diathesis be so far subdued as to prevent the deposition of other tubercles, before these have completely run their course, the disease may be said to be cured.

But this is not all. It sometimes happens that consumptive symptoms disappear entirely, even in the second stage of the disease, after the formation of a cavity. This event, it is true, is comparatively rare; but

some such cases have probably fallen within the notice of almost every practitioner of extensive experience. Even should the disease ultimately return, still the case may be said to have been cured; as an occurrence of a second attack of pneumonia is certainly no proof that the first was not cured. Two instances of this kind have occurred in medical men of this city, (Philadelphia.) One of the patients was afflicted, when a young man, with all the symptoms of phthisis, including frequent attacks of hæmoptisis, severe cough, hectic fever, &c., from which he completely recovered, and continued exempt up to the time of his death, which occurred many years afterwards, of typhoid fever. [See *N. Am. Med. and Sur. Jour.*, vol. VIII., p. 277.]

The other was my preceptor and friend, the late *Dr. Joseph Parish*, who, in early life labored for a time under symptoms of phthisis, and, after his death, at an advanced age,

was found to have several cicatrices of the upper part of one lung, which were obviously the remains of tuberculous cavities. See *Am. Jour. of Med. Sci.*, vol. xxvi., p. 265, where is the following interesting account of *Dr. P.'s* case. "When about twenty-five years of age, the Dr. was affected with a severe and lasting cough, and considered himself in danger of pulmonary consumption; to which he believed that he had a family predisposition, having lost a brother and sister by that complaint. Under a course, however, of rigorous exercise and free exposure to the air, without the use of medicines, he ultimately surmounted the threatening symptoms. The existence of cicatrices in the upper portion of the lungs, discovered upon post mortem examination, proves that his apprehensions were well founded, and at the same time affords strong evidence in favor of the plan of treatment

which he adopted in his own case, and always strenuously advocated.

“For many years after the disappearance of the pectoral affection, *Dr. Parish* suffered much from dyspepsia, which continued with him even until middle life. But from this also he was at length relieved, and afterwards enjoyed good health.”

The following is from the record of the post mortem : —

“*Thorax.*—On the right side some adhesions are found posteriorly, with effusion into pleura of half a pint of reddish serum. The right lung at its summit presents an irregular puckered depression, which is firm and opaque; upon cutting into it, there is found a substance, for the most part of a dirty grayish color, nearly cartilaginous in consistence, with some grains of a calcareous matter in it, evidently the cicatrix of an old tubercular cavity, of small size. From the back part of this depression there extends another one, which is more irregular, running around the

lung and connected with similar deposit. Upon stretching and pulling the lung slightly, cellular tissue may be discovered passing through this hardened mass, and apparently constituting it. Several large vessels may be seen passing around the above cellular substance ; one or two slighter depressions are found, of the same kind, in the adjacent parts of the lung. The substance of the lung generally is gorged with serum, crepitous, and contains air ; the vessels are more or less enlarged ; the pleura of the upper third of the lung is more or less opaque, giving to the whole of this portion of the lung a peculiar wrinkled aspect, less marked, however, than at the summit. The mucous membrane of the bronchial tubes, opaque, jaundiced, but not reddened.

“ *Left Lung.*—Nearly as much serum in the pleural cavity of this side, as in the right one, of the same character ; the lung free from adhesions ; its lower lobe more engorged with blood than the right, but containing less serum ; still crepitous throughout ; upper lobe in its lower three fourths paler than natural ; some emphy-

sema along its anterior margin ; tissue engorged with bloody serum ; containing air ; its upper one fourth hardened and puckered, but less so than on the right side ; whole tissue somewhat solid and condensed. Several masses of cellular substance, of the same color as those in the right lung, are found in it, two of which are particularly well defined, and present an irregular central nucleus, one eighth of an inch in diameter, from which run radii, of firm cellular substance ; appearances still more characteristic of cicatrization. No *recent* tubercular granulations, nor any trace of recent tubercular deposition, are anywhere discoverable."

I have given this case fully, for several reasons.

1. *Dr. Parish* was one of the most eminent physicians of Philadelphia.

2. The *post mortem* examination was made in the presence of distinguished physicians, all veritable men of high standing.

3. No man will dare say *Dr. Parish* did not have consumption.



4. No man will venture to say, he was not *cured*, and lived many years, to the age of sixty-one, and died of another disease.

And, finally, the fact is made sure, by this case, that *consumption can be cured*, and Drs. *Otto, Wood, Ashmead, Pennock, Gerhard, Kirkbrige, Barton, and West*, of Philadelphia, who examined the body, are our *witnesses*. And, if cured in this case, pray tell me why it may not be cured in others? .

“The probabilities, upon the whole, are that each tubercle has a tendency towards health, and, if alone, would, in time, end in a perfect recovery. We may, therefore, always entertain some hope, if applied to in the early stage, in cases of no great severity, of seeing a cure effected; and, even in the second stage, when the diathesis is not very strong, or the local disease extensive, there is no reason for absolute despair. Even in cases which appear to offer no chance of ultimate

recovery, we may hope to be able very much to prolong the duration of the complaint, and sometimes even to add years to a valuable life. There is an individual now pursuing an active business in Philadelphia, though with a cavity in his lung, who eight years since was under my care, with a severe cough, copious purulent expectoration, night sweats, hectic paroxysms, and great emaciation and debility."

Thus much from *Dr. Wood*. He is guarded in his expressions, but still holds out the hope of recovery to the consumptive patient.

*M. Laennec*, a celebrated French surgeon, who dissected more bodies dead from consumption, and did more in exploring this disease, than any other man, says: "In some cases consumption is cured by nature, in the last stages, after the softening of the tubercles and the formation of an ulcerous excavation."

He thinks the disease is checked, or cured, by catarrh, or a cold, as it is called.

He says: "While examining the lungs of subjects that had suffered from chronic catarrh, I have observed irregular cavities, lined by a semi-cartilaginous membrane, and these cavities accorded perfectly with tuberculous ulcerations, except that they were empty. I found that such subjects all referred their catarrh to a severe previous disease, which bore the character of consumption so much as to make their case, at the time, appear desperate. On the other hand, in subjects dead of consumption, whose disease had lasted very long, we very commonly find similar excavations entirely lined with a similar cartilaginous membrane, and free, or almost free, from tuberculous matter. The formation of semi-cartilaginous membrane on the surface of tuberculous excavations must be considered as a curative effort of nature."

Catarrh, then, supervening upon consumption, according to *Laennec*, is a favorable symptom. According to him, also, nature sometimes cures consumption. His 25th case is entitled, "TUBERCULOUS CONSUMPTION CURED," and is proof that it *can* be cured, and is cured.

In the *Edinburgh Medical and Surgical Journal*, *Dr. J. Hughes Bennet* says: "Of seventy-three bodies which he had examined, he found *puckerings* or *concretions* in the lungs of twenty-eight. He thinks that these observations serve to establish the fact, that the spontaneous cure of pulmonary tubercle occurs in the proportion of from one third to one half of all the individuals who die after the age of forty."

*Dr. Bennet* observes, "that as empirical means for accomplishing a cure have notoriously failed, perhaps a study of the method in which nature operates may be more successful. There seems to be no reason

why cavities in the lungs should not heal with the same frequency as ulcerations or abscesses in other internal organs, if the further deposition of tubercles could be arrested. He thinks the inflammation may be overcome by naphtha."

So much from *Dr. Bennet*, on recovery from consumption.

Verily, Doctors *Laennec*, *Wood*, *Clark*, *Carswell*, and *Bennet*, form an array of powerful names in favor of recovery from this disease. But they stand not alone.

Other physicians admit its *curability*. "*A. M. Deschamps*, M. D., has addressed a letter to the Academy of Sciences, in which he asserts that he has succeeded in discovering an infallible remedy for disease of the lungs, even when tubercles have formed. He has forwarded his recipe, and sent securities to the value of 70,000 francs, to be forfeited in case his remedy should not be established by experience."

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This statement, I find in the second volume, page 730, of the *Charleston Medical Journal*. Who *Deschamps* is, is well known to scientific medical men.

*Dr. Wm. A. McDowell*, of Louisville, Ky., says, "Consumption is *curable* in all its stages." Nor does he claim any originality in this; for he also says, "I have faithfully and even greedily quoted, in support of my position of curability, all the authority I had access to, comprising every one of note who had then written upon the subject — *Stokes* not excepted." Thus *he*, not only declares it curable, but also proves it so from others.

On the 237th page of the 31st vol. of the *Boston Medical and Surgical Journal*, I find a quotation from *Nasse*, in *Schmidt's Journal*, as follows: "Simon, Andral, &c., show that in the early stage of tubercular consumption the blood corpuscles gradually diminish in number: this accounts for the early disturbed state of the digestion." After

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stating the curability of consumption, he proceeds to give directions as to diet and medicine, which, as I shall speak of them in another place, I will not dwell upon here, save only to say, he recommends a *milk* diet, and frictions with oil or lard; and especially *Stokes'* liniment, consisting of oil of turpentine and acetic acid.

In a copious perspiration, combined with great weakness, he recommends the following:

R. Inf. cascar. ℥vii.

Quinia sulph. gr. ss.

Sulph. dilu. acid, gutt. xv.

Tinct. hyoscyam. ℥ss.

Two table spoonfuls every three hours.

In the *St. Louis Medical and Surgical Journal*, I find the following preparation very highly recommended in consumption—

R. Tincture of muriate of iron, 1 oz.

Sulphate of quinine, gr. xv.

Sulphate of morphine, “ v.

Simple syrup, 8 oz.

Mix. Dose, a tea-spoonful three times a day.

Another physician, writing in the *Boston Medical and Surgical Journal*, vol. xxxi., p. 491, says: "In six cases of tubercular consumption, in which I used dram doses of *finely pulverized charcoal*, three times a day, obviating any irritable effects upon the bowels by a few drops of paregoric; and costiveness, by combining with it a few grains of rhubarb; it was highly beneficial. In two of the cases, the tubercular irritation is suspended. The patients believe themselves to be entirely free from the disease, after having been so much reduced as to be obliged to confine themselves, almost constantly, for a number of weeks, to their beds, and having suffered for months from all the characteristic symptoms of tubercular consumption." He adds, also, that the disease had proved peculiarly fatal in each of their families.

These medicines and this treatment properly belong to the next chapter; but it is difficult to give the *cures* without giving also



the means by which they were effected. Much, very much, is undoubtedly, depending upon a proper and rigid course of diet. By such a course, the whole system may be changed, the blood purified from any corruptions, and the man made over anew.

While *Drs. Carswell* and *Clarke* both thus maintain the curability of consumption, they inculcate the necessity of taking advantage of every improvement in the disease of the lungs, to correct the generally depraved condition of the system. *Dr. Clarke* says, "Unless we can correct the constitutional disorder, in which local tubercular disease has its origin, such cure is of little avail." But, he says, it was a cure.

Now, in the face of such positive assertions of these men, most eminent in the medical profession, when we assert that consumption is curable, many, with a sarcastic smile, shrug up the shoulder, and calmly and wisely add, "they don't believe consumption was ever cured." And any man

who will do it, after such proof as has been, and will be, adduced in this treatise, is welcome to his opinion. He may carry it to his grave. It is not worth a straw.

I have said it is better to travel *North* for consumption than *South*, and in the *Boston Medical and Surgical Journal*, vol. xxxvii., p. 283, I find an article to the same effect. In it occurs the following sentence: "When a change of location is advised, instead of creeping onward further *South*, the gentleman with whom we had been conversing, argued with much ingenuity to prove that they should hasten *North*, and that their only chance of a permanent restoration, depended more upon that movement than any other. He called to his aid some cogent facts, besides dwelling, with enthusiasm on the philosophical principles involved in the proposition." This will not appear so singular, after a moment's reflection, if we consider that consumption prevails to a much greater extent in our climate than it

does further North. It is much less prevalent in Russia, in the Canadas, and among the Alps in Switzerland, where the winters are long and severe, than it is in New England. The reason undoubtedly is, in those climates in winter the weather is uniformly cold and severe. The thermometer instead of ranging over a space of forty degrees in one week, is at about the same temperature for several months.

That both sides of the question on the curability of consumption may appear, I give the following :

*Dr. Chapman*, in a treatise of considerable merit on "Thoracic and Abdominal Diseases," says of consumption : "Known from the earliest times, and studied, especially of late, with unexampled diligence, and under every advantage, it still proves as intractable in the management as at the very dawn of medical science. Being fully established, I doubt whether a cure was ever effected of

it. Not an instance, at least, have I seen, and I believe that those who report to the contrary deceive themselves, or the truth is not in them."

This is saying much for a man who has had as many advantages for practice, and seen as much as *Dr. C.* It certainly contradicts the opinions and statements we have already quoted from *Drs. Wood, Laennec, Clark, Carswell, Bennet*, and others, men at least, not inferior in medical research to *Dr. Chapman.*

But this is not all. I shall now proceed to detail other cases, declared to be consumption, and cured, giving the names of the physicians, and the remedies employed, and the reader can soon see which side of the medical testimony "kicks the beam." The authorities, too, shall be such as no one ever supposed wanting in medical *orthodoxy*, or *conservatism*, and who were so far of the old school, as never to have been suspected

of dabbling in any of the modern *-pathies* or *-isms*.

*Professor Trousseau* (no mean name in medical science) relates four cases of consumption, in an advanced stage, in which he employed *cod liver oil*. The patients were all females. One forty-eight years old, one thirty-five, the other two from twenty to twenty-two. In three the amelioration was immediate; the fourth, after becoming worse for a time, grew, at last, gradually better.

In the *Medico-Chirurgical Review*, "*M. Fournet*," a distinguished French surgeon and physician, "alludes to his having met with, in the course of one year, no fewer than fourteen cases of confirmed *phthisis* (consumption) that were cured; besides ten other cases, in which dissections revealed the traces of caverns which had become perfectly healed.

"He goes on to remark, that these fourteen cases

of consumption cured in the living subject have proved to me,

“1. That certain persons, who have exhibited the most decided symptoms of the disease, in its most advanced stage, may yet be restored to excellent health.

“2. That even hereditary consumption, in its most advanced stage, is susceptible of cure; although such an occurrence is certainly much more rare than in cases of accidental disease.

“The capital fact, which seems to spring from these inquiries, is, that tuberculous disease is not, like cancer, essentially incurable; on the contrary, that it is often curable, and that its extreme and most disheartening fatality is referable rather to the circumstance of its being seated in one of the vital organs of the system, and to its tendency to frequent relapses, than to its primary and essential nature.”

Verily, who will say these men — men of such science and standing — “were either deceived, or the truth was not in them.”

*Dr. Marshall Hall* (and if any man stands higher as a medical man, I know not who he is) says :—

“ So many persons afflicted by incipient consumption, marked by dulness of sound on percussion, and no doubtful pectoriloquy under the clavicle, hæmoptysis, and disposition to chills, heats and early morning perspirations, &c., have been benefited and restored to apparent health, by the remedy or remedies which I am about to mention, that I cannot doubt they possess great efficacy.

“ The first and principal of the remedies is an alcoholic lotion, constantly applied by means of six folds of linen over and across the upper lobes of the lungs.

“ One part of pure alcohol is mixed with three parts of water. It is applied tepid at first, afterwards of the temperature of the atmosphere. It is applied in *small* quantity at a time, every *five* minutes, so that the application may always consist of alcohol and water. (If applied in

larger quantity and less frequently, the alcohol would evaporate, and water alone would be left; and this would be a source of a feeling of discomfort, instead of the feeling of glow which the alcohol induces.) The application is easily made; a piece of soft linen, of the size of a large sheet of letter-paper, being folded in the usual manner, is then folded twice more, in lines parallel with the first, so that the whole consists of six folds. These are stretched, applied across the upper part of the thorax, just below the clavicles, and fastened to the shoulder-straps, or other part of the dress, which latter is to be arranged so as to be readily opened and closed. A sponge, the size of a walnut, is then filled with the lotion, and pressed upon the linen along its whole course, the dress being opened for this purpose and immediately closed. This operation need not occupy five seconds. It should be repeated, as I have stated, every five minutes. The application should be incessant during the day, and all waking hours, the dress being light, or even



entirely removed, so as to allow a free and rapid evaporation. It is suspended during the night.

“It is by no means my wish to laud this remedy beyond its just value; but I have no hesitation in asserting that it possesses a power in checking the progress of the deposition, and softening of tubercle in the lungs, beyond any other which I have ever tried; and the number of patients which have recovered from incipient consumption under its use, and who, after many years, are still living, and in apparent health, induces me to express myself in strong terms in regard to its extreme value.

“One patient, who consulted me fifteen years ago, had dulness on percussion, and pectoriloquy, and every other sign of incipient consumption. He applied, and long wore, the alcoholic lotion, called it his ‘breast plate,’ and is now a professor of ———— College.”

Will *Dr. Chapman* say *Dr. Marshall Hall* was “deceived” in his diagnosis of this patient? Or will he take the harder side, and say, “the truth is not in him?” Few

medical men would like to hang their reputation on either horn of this dilemma.

But *Dr. Hall* proceeds :—

“A lady, about 30 years of age, became affected with hæmoptysis, and displayed the physical signs and the usual symptoms of consumption. She was enjoined the alcoholic lotion. It is fourteen years since it was first applied, and it is continued, or renewed, if ever suspended, to this day.

“I saw a young lady two years ago, one of a most consumptive family, affected with hæmoptysis, and with every threatening sign and symptom of incipient consumption. I prescribed the alcoholic lotion, and the cough and hæmoptysis were removed, and every fear dispelled.

“Three months ago a young lady was brought to me having a recurrence of hæmoptysis. There were pectoriloquy and dulness under the right clavicle, cough, loss of color, and of flesh. The alcoholic lotion was applied. The hæmoptysis and cough ceased. The patient went to Hast-

ings, and every account which I have received has been one of improved health."

Thus much from *Dr. M. Hall*, as published in the *London Lancet*. I have adduced this to show, from the best medical authority, the curability of consumption; if not *cured*, at least its suspension for *fifteen years*, and no return. But I have not done yet. I have more authority and numerous other cases to present.

Another quotation from the *Annale Univ. de Medicine*, in the *London Lancet*, again, shows that consumption is *curable*. It is as follows:—

"Of 176 patients under consumption, 47 in the incipient, and 129 in the advanced stage, admitted during a period of four years into the Military Hospital at Capua, were ultimately discharged, perfectly cured; their treatment having consisted in the administration of a table-spoonful, night and morning, of the following mixture:—Tartarized antimony, three grains; syrup of

cloves, an ounce; decoction of marsh mallows, six ounces: mix. The dose was to be repeated until vomiting ensued."

This comes to us through the high authority of the *London Lancet*. *Consumption is curable*, or "they must have been deceived, or the truth was not in them."

*Dr. J. Eberle*, in the *Western Medical Gazette*, and republished in the eighth volume of the *Boston Medical and Surgical Journal*, speaking of the *Sanguinaria Canadensis*, (blood-root,) says:—

"I have been in the habit, for many years, of employing the *tincture of blood-root* in chronic bronchitis, protracted catarrh, and the troublesome cough and pectoral oppression which are apt to remain after an attack of acute pulmonary inflammation; and the result of my experience induces me to regard it as a peculiarly valuable remedy in affections of this kind. Within the last twelve months, I have witnessed its salutary powers in two very remarkable instances. One

of these cases was in a young man, who had been affected for four months with a very troublesome cough, purulent expectoration, febrile irritation of a hectic character, a constant soreness in the left side of the chest, emaciation, and night-sweats.

“He was put on the use of the tincture of sanguinaria, or blood-root, without any other remedial means. In ten days after he had commenced taking the tincture, his pulse was reduced at least fifteen strokes in a minute, and of nearly a natural degree of compressibility. The pulmonary irritation gradually subsided, and he now enjoys an excellent state of health. The other case was equally alarming in its symptoms. It was in a child, about six years old. The use of the sanguinaria effected a perfect restoration to health.”

This is, undoubtedly, a remedy of much power in diseases of the character here described. I have used it alone, and in combination with other remedies, with the best success. The common tincture of the Dispensatory is, perhaps, as good a form as

any in which it can be administered. The dose for an adult is from twenty to thirty drops, from two to three times a day.

There is a decidedly *quieting* or *soporific* property in this root, which I do not remember to have seen referred to by any writer who has spoken of its properties.

The *black cohosh*, *New Jersey red-root*, and the *liverwort*, are excellent medicines, of this kind, in all pectoral diseases; probably superior even to the wild cherry bark; and the virtues of the latter, I suppose, depend upon the *prussic acid* which the bark contains. This acid may, sometimes, be given in consumptive cases with the most decided benefit. *Magendie* "asserts and maintains that, with this acid, he has cured patients having all the symptoms of incipient consumption, and even in its advanced stages."

*Dr. Frisch*, of Denmark, has also employed it successfully in consumption.

*Dr. Williams*, in the *London Journal of*

*Medicine*, reports the following results from the use of *cod liver oil* in consumption : —

“ Dr. W.’s conclusions are based on the experience of about four hundred cases. Of these, two hundred and thirty-four are recorded in his notebooks, and are therefore susceptible of numerical classifications and analysis. Among these two hundred and thirty-four there were nine cases in which the oil disagreed, nineteen in which it appeared to do no good, and two hundred and six in which its use was followed by marked and unequivocal improvement. Of the two hundred and six patients, sixty-two had cavities : all of these improved materially under the use of the oil ; in thirty-four, the improvement has continued ; in eleven, the improvement was only temporary ; in seventeen, the patients were lost sight of. In one hundred patients, the tubercles had commenced to soften, but actual cavities had not formed, and both physical and general symptoms materially and rapidly changed for the better. The process of softening seemed arrested, as the moist ronchi, in the supra or infra clavicular, or the supra spinous regions, gradually ceased, the

dulness more or less disappeared, and, at last, vesicular breath sound returned, and no physical signs whatever remained, except a little prolonged, and perhaps tubular expiration. Coincidentally with these changes, the constitutional symptoms disappeared. In the remaining forty-four patients, the disease was in the early stage, the results were not less satisfactory."

*Dr. Jorgh*, as translated from the *German*, in the *London Medico-Chirurgical Review*, says:—

"*Dr. Williams'* estimate of the value of cod liver oil is certainly higher than that of most writers, and possibly higher than it would have been, had the remedial measures which were employed in addition to the oil been taken into the account. But yet the opinion of a physician so eminent, and so skilled in the diagnosis of consumption, is necessarily of great weight."

The following is of the same tenor, from the *London Medical Gazette*:—

"At a meeting of the Medical Society of Lon-



don, April 9th, 1849, some statements were made with respect to cod liver oil in consumption. *Dr. Bowie*, in nearly a thousand cases, has proved its efficacy in arresting consumption. Many cases had occurred, in which patients suffering from small cavities in the lungs, had, under the use of that medicine, been so much relieved as to return to their employment, and to discontinue the use of medicine. It was in the early stages of the complaint that cod liver oil asserted its most beneficial effects; but it seemed of service in all stages of the disease."

A more shrewd man than *Dr. Abernethy* (everybody knows who he was) never lived. He asks:—

"Can consumption be cured? Odd bless me! that is a question which a man who had lived in a dissecting room would laugh at. How many people do you examine who have lungs tubercular which are otherwise sound? What is consumption? It is a tubercle of the lungs. Then if those tubercles were healed, and the lungs

otherwise sound, the patient *must get better* ; but if the inquirer shift his ground and say, ‘ It was the case I meant of tubercles over the whole lungs,’ why, then he shifts his ground to no purpose, for there is no case of any disease, which, when it has proceeded to a certain extent, can be cured.”

Surely he implies that consumption, taken seasonably, can be cured ; and no man is fool enough to believe it can be cured when the lungs are all consumed, or when the patient is mouribund. No disease is curable in the last stage, or in the dying state of the patient.

In the *Boston Medical and Surgical Journal*, vol. xli., No. 13, p. 263, is the following, which shows, in the judgment of that talented editor, that one learned man, at least, now visiting us from abroad, maintains that *consumption can be cured*. The editor says : —

“ A French physician of celebrity, *Dr. A. M.*

*Bureaud Riofrey*, has recently visited Boston, and very much interested those of the profession who have had an opportunity of making his acquaintance. He promulgates the doctrine that certain forms of consumption are certainly curable and his theory and facts go strongly to prove its truth. *Dr. Riofrey* is the author of two works now before us, that show him to be a man of profound research, and who is desirous of creating a new interest in behalf of a melancholy class of sufferers, that have too frequently been supposed beyond the reach of medical assistance."

At the last meeting of the New York Academy of Medicine, *Dr. Riofrey* was introduced to the members, in a warm and eloquent address by *Dr. Francis*. The following, from a New York paper, gives a synopsis of *Dr. R.*'s views, as expressed to that meeting:—

"*Dr. Bureaud Riofrey* rose to thank the Academy for the kind reception he had met

with, and then read a paper on the *Curability of Consumption*, to which he has devoted special attention for many years. Again, and again, I say, consumption is curable, by a *new science*, that I call the true philosophy of medicine; in other words, by opposing *constant means of restoration and health*, to *constant means of degeneration and disease*."

I have dwelt much longer on the point to be proved in this chapter, — namely, the *Curability of Consumption*, — and quoted many more proofs than I otherwise should have done, (and given the treatment, though I did not design this here, and did it only to prove the first point, viz., *its curability*,) if this were not considered the *gravamen*, the *climax*, of the charge made by many of the faculty against any one who maintains its affirmative. It has been the wish of the writer, first, to settle this point, by indubitable authority; by the testimony of the most eminent and conservative men in the medi-

cal profession: and he is satisfied that this one point has been established by quotations from *Laennec*, *Bennet*, *Hall*, *Williams*, *Wood*, and an host of others; and, lastly, by the “learned and experienced *Dr. Riofrey*,” who is now visiting the medical faculty of this Western World to convince them of this great truth. To nail this point, all the quotations have been made from such men as are above suspicion, as to any and every *divergency* from *regular practice*; and all that host of physicians who have written directly upon the curability of this disease, or who have professed to cure it, have been entirely omitted.

There seems to be much incredulity among some medical men as to the curability of consumption; so much so, that one is almost tempted to believe they are not willing any should *be* cured, unless they themselves have done it. I mean no offence to those of the highest respectability, for I have amply

shown that an host of such have stated, and fully attested, its curability.

I was not a little impressed with this idea upon reading, in the *London Lancet*, vol. II., No. 10, p. 279, the case of consumption treated and cured by *oxide of silver*. It can readily be referred to by all who have it.

I might enumerate hundreds of cases where the attending physicians state that all the ordinary symptoms of consumption have disappeared under the use of cod liver oil; but it does not seem to be necessary. I have myself found great benefit from this article, combined with a syrup of the wild cherry. One case of which I reported for the *Charleston Medical Journal and Review*, and which will be here inserted, only changing the *technical* names for the *common*, (as that was for a *scientific* journal, and this more for general readers.)

“In September, 1848, Mr. —, called on me for medical advice. He was 22 years of age,

had been afflicted with a severe cough for three months, had laryngitis, (inflammation of the larynx,) and every diagnostic symptom of consumption in the right lung. I prescribed for him *cod liver oil*, three table-spoonfuls a day, and two tea-spoonfuls of *paregoric*, with a strong decoction of the *wild cherry bark*; being fond of the oil, he took the full amount, and the latter part of the time, six ounces a day. He rode on horseback every day. The larynx was touched, daily, for two weeks, with a solution of *nitrate of silver*, forty grains to the ounce of distilled water. In six weeks he had gained twelve pounds of flesh, and was free from all his consumptive symptoms. He has had no return of them since. Whether this was one of those cases which would have come under the denomination of *Laennec's* spontaneous cures; or like the late *Dr. Parish's* case in Philadelphia, where *puckerings* and *fistulous* cavities will be found in the lung upon post mortem dissection, I will not determine. That it was a case of consumption I have no doubt. I would merely suggest that a

*combination* of these two agents, the cod liver oil and wild cherry bark, may be more efficient than we have heretofore supposed, and may be worthy of a trial in all cases."

Having settled this point, — the curability of consumption, — then, beyond all controversy, the way is now fully prepared to proceed, as will be done in the next chapter, to the *Treatment and Cure of Consumption*.



## CHAPTER II.

### TREATMENT AND CURE OF CONSUMPTION.

AFTER having spoken of this disease as I have, and given experiments by some of the most eminent physicians in our country and abroad, with various remedies, and, especially, *cod liver oil*; experiments made upon a large scale, (many of them in the populous hospitals of Europe,) and where statistics were very carefully and correctly kept, it will be expected that I should give my own treatment, if I have any, which I can call my own. This I shall attempt to do, premising, first, two things; the one is, that I do not lay claim to any very great originality in the *discovery* of *new* medicines; though I claim some, in *combining and administering old* ones; and the other is, that I have *no one specific which will effect a cure*

*in every case*, but strenuously maintain that *the physician must carefully examine each case separately, and prescribe for the particular case, according to his best judgment, as it appears when under his hand.* This principle lays the grand distinction between the empiric and the scientific man. Physicians cannot be dispensed with; but if *one* remedy, in the same dose, will cure every disease, or the same disease in every stage of it, then they may be forever laid aside, and empiricism become triumphant.

Though, in the preceding pages, I have abundantly proved, from the most eminent physicians, the *curability* of consumption, yet so numerous have been the *specifics* and the *panaceas* of ignorant and interested men, from the air of the "Kentuckian Mammoth cave," down to "Wistar's Balsam"—(the latter of which, if made of *wild cherry bark*, is a very good thing)—that I almost fear it will be a hopeless task to point out

any particular treatment, or remedy for this disease. But the ravages of this destroyer are too heart-rending to deter me from writing what, I trust, may be beneficial to some now hastening to the grave by consumption.

No one medicine, or course of treatment, will always cure: nor will any treatment cure in some cases; (this I repeat, because I wish to be perfectly fair and honest;) yet, the statements of such men as *Dr. Marshall Hall*, with his *alcoholic lotion*, and *Dr. Williams*, with his *cod liver oil*, in affirming the cure of so many, are the best possible medical proof of the *curability of consumption*. To begin, then, I will first detail several *courses* of treatment which have sometimes proved successful in the removal of consumption.

I have already given a case, where the disease disappeared under the use of *cod liver oil* and *wild cherry tree bark*, in my

own practice. But I have found that this course will not effect a cure in every case.

In another instance, the disease went off, and a good degree of health was established by the use of *Lactucarium* and *Salep*, and the application of bandages to the chest and throat, dipped in *cold* water, and alcohol. I wish here to direct the reader back to the numerous cases of successful treatment as detailed in the preceding chapter; the treatment of which was there fully given; but placed in that part of the work to show the *curability* of this disease, but will be equally useful, as showing *how* it may be done.

Scarcely anything can be more satisfactory than *Dr. M. Hall's* cases, cured by the alcoholic lotion, and the various cases of others, by cod liver oil, and other remedies; so that I may say, that I was necessitated to give no small share of the treatment in the former chapter. The additional treatment will now be named.

## INHALATION OF NITRATE OF SILVER, AND OTHER AGENTS.

Several other cases have been greatly benefited, and more than one cured, by the *inhalation of pulverized nitrate of silver*, and other substances. I think this bids fair to be a most successful method of treating and *curing* diseases of the lungs. It is well known that no substance has so much power in putting a diseased mucous membrane in a state to heal, as this salt, when it can be brought in contact with it. By this process of *inhalation*, the *nitrate*, with its concomitants, is gently and safely conveyed into the diseased lung, and its good effects are soon visible in the mitigation of the cough and expectoration, dyspnoea, and ulceration, and in the universal improvement of the whole system.

I have administered the nitrate of silver, with other substances, made into a fine powder, by *inhalation*, with great benefit in

consumption. Indeed, I look upon this as the most efficient means of curing this most formidable disease. As I have administered it, it is perfectly safe, and the process is not unpleasant. The use of the *nitrate*, in this manner, was inferred from the powerful effect it produces in healing diseases of the mucous membrane, when applied to the mouth and throat. It is well known, readily to reduce all this class of diseases, whether chronic, or acute, to a healing state, and it was conceived, that the same happy results would be experienced from its application to the lungs. I think I can say I have seen consumption cured by breathing it, when joined with other treatment.

For three years I have been in the habit of treating *laryngitis*, or inflammation of the larynx, and the throat, and bronchitis, with a solution of the nitrate, introduced by a probang, after the plan of *Dr. Greene*, of New York. In many cases, especially

where the main part of the trouble was in the throat, this mode of treatment has been very successful. Still, it has been attended with much that is unpleasant; and to think of benefiting a diseased lung, it is utterly impracticable. The thought of having a piece of sponge, at the end of a bent whale-bone, pushed into the throat is very disagreeable, and in some cases dangerous. I have, in my own practice, had one case of very uncomfortable, and, to the patient, alarming spasms produced by its introduction. Nor can it be always *safe*, for if the sponge should be separated from the whale-bone, and be left in the larynx, the consequences might be alarming, and the spasm is sometimes so great, by its introduction, that we can never feel entirely safe that such an event may not take place.

But where the *lung* itself has become diseased, it has been impossible to reach the source of the trouble in this way; thus

leaving, in every case of consumption, the disease entirely beyond our reach. But by the *inhaling* process, the healing substance is conveyed, not only along the air-tubes of the throat, but also into every cell, or niche, or sponge-like, or honeycomb-like aperture of the lungs, where air enters. This seems to be the grand *desideratum* which has long been sought, but heretofore vainly sought, from inhaling the fumes of *tar*, *rosin*, and many such like substances, or from inhaling *air alone* with a *tube*. Where the disease is *recent*, and situated in the *upper* part of the lung, (as is generally the case in the commencement,) it holds out a *hope* for recovery, which is not likely to be disappointed.

This process of *inhaling the remedy* also comprises all the benefits of the "*inhaling of air alone with a tube*," which has been so much lauded by some, and encouraged, even, by many. It is, undoubtedly, true, that deep and full inspirations are necessary



to the enjoyment of health ; and the lungs must be *filled* with pure, wholesome air, or they will not perform their functions ; and, *vice versa*, consumption cannot, and never does, take place when the air fully permeates, or passes freely into, and out of, all the air-cells or ramifications of the lungs ; and, on the other hand, consumption cannot be *cured*, until the thickenings or congestion, engorgements or ulcerations, (call them by what name you please,) cease, so that air is admitted fully into all the cells of the lungs. I do not mean, by this, that air will pass into those cavities in which the cells have been obliterated, but into all the healthy, open air-cells.

No person, who has not actually seen, or experienced the beneficial effects of this treatment, can form any adequate conception of the wonders it performs ; or, rather, enables *Nature* to perform ; for, after all, *she* is the great physician, and every healing process

is begun and completed by her power alone. All our art can accomplish is to assist her, and happy would it be for mankind, if, in attempting to assist, the physician never opposed and frustrated her healing efforts.

By *inhaling* this remedy, the patient gets the good results which usually follow upon applying this salt to a diseased portion of his body, and also the benefit which flows from having the lungs fully inflated with air.

Since the above was written, and while the proof was in my hands, I have noticed the following important remarks on *Inhalation*, in the last number of the *Boston Medical and Surgical Journal*, from the pen of *Dr. George Bartlett*, of Boston. They are very much to the point here discussed, and I readily incorporate them into this work. They should be carefully pondered by every physician who treats diseases of the lungs, or air passages:—

“How much therapeutic importance the profes-

sion in general concedes to local treatment of disturbed action in the throat, is only a matter of inference. Probably it sustains but a feeble reputation, and will continue to do so, not so much from unsoundness in its claims, as a want of perseverance in gaining knowledge from experience.

“An important consideration to be borne in mind, is the circumstance that it is not an exclusive course, and by no means implies an abandonment of any general or constitutional treatment that may be thought judicious. The question, however, may fairly be put whether, if either mode be relied on singly, this fails so often as the ordinary routine of internal remedies? All must remember cases of obstinate cough, hoarseness, loss of voice, &c., &c., that have resisted counter-irritation and constitutional treatment to the sore discouragement of both patient and physician. So accustomed are practitioners under these circumstances to the *via trita*—not always the *via tuta*—that if they diverge occasionally, they are apt not to follow a new path to the end, and hence, perhaps, the indifference to topical medication.

“This indifference is not justified, if we adopt the numerical system of comparison, and do not act from discouraging impressions left by fatal terminations which must happen under any and all modes of management. These impressions, too, are much lightened by taking into consideration the comfort and relief given even in fatal cases; to which are to be added the instances in which topical medication of the passages delays where it does not ultimately avert development of tuberculous disease.

“There are many instances, also, of acute disturbance of function in the respiratory passages, unaccompanied with organic change, which well reward the application of local remedies. Some of these are trivial in their character, and some very grave. Why should not these be treated as if they were on the external surface? If the eye, or the nose, or the rectum, or urethra, is the seat of disorder, and we can see any physical change that may cause or continue the evil, we do not keep our hands off, and allow disorganization, perhaps, to go on while the patient is swallowing

drugs. To be consistent, the same local remedies should be applied to the earliest indications of physical change in the throat. With a little pains-taking, these may readily be brought within sight in very many instances, and in all the eye or the ear are pretty sure guides for discovering their presence. Remembering that nicety in function in any organ does not necessarily imply intolerance of interference when that function is disturbed, and that experience has shown that the animal sensibility of the respiratory passages is not very exalted, why is not topical medication as appropriate practice on one surface as another?

“Among the indispensable requisites for success in the treatment under consideration, is a long perseverance on the part of both patient and physician, to which should be joined, on the part of the latter, a ready familiarity with a large number of different remedial substances. By too general consent, nitrate of silver has almost exclusively been relied upon; while in addition to the already well-known escharotics, alteratives, and narcotics, modern chemistry has furnished us with many

new agents of nearly untried efficacy in surgical practice.

“To avoid monopolizing the Society’s time, the natural history and pathology of the disorders of the air passages have been purposely omitted. Looked at from simply the practical point of view, the following deductions seem to be justified by our present state of knowledge.

“1st. That no good reason can be given why disease of the respiratory passages, manifest to the eye, should not be treated on the same principles as analogous morbid changes on the external surface.

“2d. That disease in these passages is not rare, but frequent; and is as often the cause as it is the consequence of tuberculous development.

“3d. That the benefit of topical treatment is by no means confined to chronic cases — acute affections yielding to it more promptly and surely than to any other.

“4th. That cough, hoarseness, loss of voice, &c., whether accompanied with incurable disease of the lungs or not, should be treated topically;

if not with the expectation of saving life, at least of prolonging it, and with a certainty of diminishing suffering.

“5th. That nitrate of silver is not a universal remedy — other substances frequently possessing the same superiority over it, when applied to the internal surfaces, that they do when used externally.”

I should have said more of the importance of topical applications to the *air passages*, had I not here been confining myself to the treatment of *Consumption*. But I fully agree with *Dr. Bartlett*. Such applications (and *perseverance* in them) are our strong-hold in diseased states of the respiratory organs.

I have not seen *Dr. B.*'s instrument, designed for making these applications, but from its description, have no doubt of its being a good one. I have one of my own, which I have found well adapted to the purpose, and which I have used with good success. It conveys the remedy either *into*

the lungs, or only into the *throat* and *bronchial vessels*, as seems necessary; of which the attending physician must be the judge.

I have occasionally used other substances besides the *nitrate*, among which the *sulphate of copper* has been prominent; but I give a preference to the *nitrate*, in nine cases out of ten. I can but express the hope that this method of treating diseases of these organs, so essential to health, and necessary to life even, will be more generally resorted to; especially is this the more desirable, as it does not in the least interfere with any constitutional or general treatment, which the attending physician may wish to pursue.

#### EXPECTORANT PLAN.

In my opinion the *expectorant* plan, as it is called, is not the most proper way to treat consumption. It is a disease affecting the whole system, debilitating the whole, and requires a tonic, stimulant, and corroborant course. Though the disease has not usually



been cured, yet those physicians have succeeded best in prolonging the patient's life, who have prescribed the strengthening or sustaining plan. The *depleting* process has always, or nearly so, hastened the disease on to a fatal termination.

General or constitutional treatment will often be necessary, in order to destroy the tuberculous cachexia, or diathesis, (as it is called,) by which is meant, that predisposition and scrofulous tendency to consumption which exists in such persons. This treatment is of the utmost importance. As a general principle, the digestive organs are in fault, and the remedies must be directed to them. *Diet* is of vast importance, as by it alone the whole constitution may be changed. Homœopathic treatment (whatever else may be said of it, and however valuable or valueless it may otherwise be) is certainly praiseworthy, for the strictness with which it enforces *dietetic* rules. In one word, it

must be strictly regulated. A mild diet, free from heating and stimulating condiments, is the best. The drink, in general, should be water, or toast, or barley-water, or black tea. Here I may remark, that while I consider the use of spirit sometimes a *remedial* agent in consumption, it may, and often does, lay a foundation for it, when freely used in health; and when I shall have spoken of it as being beneficial in the disease, it will be upon the same principle as other poisonous articles are used to expel poison. If he, who is in health, wishes to escape consumption, let him avoid the use of spirit; and let him who is diseased, be well convinced that his disease is *tuberculous* consumption, before he resorts to it, as, if it be of another kind, or a different disease, it may hurry him on to the grave.

While I recommend the *tonic* plan of treatment, as it respects medicine, I would caution against administering steel, bark, &c.,

*before* the digestive organs are prepared for it.

The remedies to be used in this state of the digestive organs, are, in my opinion, not calomel, or any mercurial preparation, but among the vegetables, the taraxacum, (dandelion,) the podophyllum peltatum, (mandrake,) the sarsaparilla, blue flag, dock root, &c. I have known a few gentle doses of extract of mandrake, or jalap and senna, with an aromatic, and the plan pursued by a course of the expressed juice of the taraxacum, especially in the spring, followed by the most happy results. It is better to combine the extract with some aromatic water, especially if the patient is a child, as it will be much more readily swallowed.

But the frequent repetition of harsh purgatives, is, in my opinion, the worst possible treatment. If the bowels are torpid, and the alimentary canal free from irritation, a single dose of some active cathartic may be

useful, and even then, a combination of senna and jalap, with some aromatic, is preferable to calomel, in a strumous habit. The remarks of *Dr. Stokes*, of Dublin, on this subject, are excellent. He says, (speaking of derangement of the liver and bowels hastening on a fatal termination of consumption,) “I feel satisfied, that under a different mode of treatment from that ordinarily employed, this complication would be much less frequently observed; as in numerous instances I have known it to be induced clearly by purgative medicines. If ever there was a case in which we should be cautious in giving medicines of this description, it is in incipient or threatened consumption, on account of the great liability that exists to inflammation and ulceration of the digestive tube; yet, in all those cases, which, in conformity with the prejudices of the day, are supposed to arise from a *disordered state of the stomach — of the digestive apparatus*

— *a depressed state of the biliary organs — atrophy of the chylopoietic viscera, &c., &c.,* — a set of terms invented to cloak ignorance, and conveying no single clear idea to the mind; this practice is constantly pursued; a diarrhœa is established, and the digestive apparatus becomes indeed disordered, more from the remedies than the disease.” The oracle of Apollo never spoke more truth in as few lines than the Doctor has in these, and I verily believe, every practising physician can bear testimony to their soundness. No language can fully set forth the magnitude of the evil which arises from administering such medicines, in powerful doses, to delicate persons, of a scrofulous habit and predisposed to consumption; worst of all is this practice in delicate children. But, alas! how often has this been done under the idea of *freeing the system from humors, and destroying worms, &c.* It *frees* the system, indeed, of its vitality, and induces irritation, and in-

flammation, and ulceration of the delicate organs of the nutritive canal, leaving them in the most deplorable condition. It does, indeed, *destroy* worms, but the *worm human* is the first victim.

In some cases, I have known *emetics* to do good; and their place cannot be supplied by other medicines. In children they are strikingly beneficial, as they free the upper part of the alimentary canal from an unwelcome load, clear the furred tongue, restore a sweet breath, and a healthy appetite. But this is not all. Often, where there is a tendency to the deposition of tubercles upon the lungs, they act as a preventive. But this treatment is sufficiently recommended by the cases at Capua, on the forty-seventh page, in the first chapter, to which the reader is eferred.

#### AIR.

A grand error in the treatment of consumptive patients, in my opinion, has been

in excluding them, in a great degree, from air and exercise. Both these are essential to the prevention of this disease, in those predisposed to it, and to the cure, in those who already are laboring under it. In all persons predisposed to this disease, confinement, seclusion from the air, spare diet, and inactivity, are the harbingers of the onset of consumption. My sentiments on this subject have been much better expressed by *Dr. Graves*, of Dublin, in a lecture as published in the *London Medical and Surgical Journal*, than I am able to state them. He says:

“ You will ask me what is to be done in order to avert this consumptive tendency? It was formerly thought that consumption arose from inflammation of the lung, and on this erroneous reasoning was founded its preventive treatment. The patient was confined to his room, and kept in an equable temperature, wrapped up in flannels. I well remember this mode. If a family lost one of its members by consumption. these

were the means employed to avert its occurrence in those who remained. This absurd mode was followed with rigorous exactness, and the constitutions of the survivors were so debilitated thereby that they became similarly affected, and in time, the whole were swept away. All these precautionary measures, generally, tend to the same purpose, to make the constitution delicate, and consequently, more liable to the inroads of consumption. A rational physician will endeavor to prevent its occurrence, not by confining his patient, and wrapping him in flannels, but by hardening him against cold. Any one, who wraps himself up and confines himself within doors, takes cold in tenfold proportion to the person who dispenses with superfluous covering, washes his chest with cold water, and rises early in the morning. Habits such as these, with a good, nutritious diet, but not stimulating, and exercise, are the best preventives of consumption. Make your patient lay aside slops and tea; let him take wholesome fresh meat, bread, and good beer; let him rise early, and breakfast early, and



dine also early; when the weather permits, make him be in the open air for four or five hours, taking exercise on a jumping car, or on the top of a coach. The good diet will invigorate the system, and so far from producing inflammation, will do exactly the contrary."

So, also, will the right kind of *stimulants*.

These are the remarks of a man of experience and skill, and I add that they fully harmonize with my own views, and are as applicable to the *cure* of consumption, as to its *prevention*.

The first direction which I give to a consumptive patient is to throw aside his mufflers, tippets, and all the usual appendages added to his ordinary dress, because he is an invalid. They all tend to augment his *invalidity*

The next is to take full and hearty inspirations of the pure air of heaven, *which was made for the lungs, and the lungs for it*. No person can long be in health with-

out a full supply of such air, and much less can he, whose lungs are diseased, or partially consumed, afford to do without it. A tube may be serviceable for breathing sometimes; but tube, or no tube, the consumptive patient, who confines himself from the air, will surely suffer for it, and, in all probability, pay the debt of nature much earlier than he need do it. But, as every book on health for the last ten years has been full of directions about air and ventilation, no more need be said by me.

#### EXERCISE.

The next thing to be noticed is *exercise*. This is an old subject, but as important as when it was young. Exercise, not in an easy carriage, stuffed with pillows, and hair cushions, on springs, but on the feet, in walking, running, hopping, jumping; at manual labor, using the axe, the saw, the hammer, the shovel, hoe, scythe, rake,

sickle; on horseback, on the water, in fishing, mowing, &c., &c.

*Dr. Joseph Parish*, already referred to, cured himself of consumption, without medicine, by riding over the pavements of that city, to visit his patients, at a brisk jog, in a carriage built for the purpose, *without springs*.

Others may do the same, and with equal benefit. But if they will not, but will lie on sofas, and divans, and *feather* beds, or loll in *easy* coaches, they must take their chance, and "*verily they have their reward.*"

I have known many consumptive patients greatly benefited by a change from sedentary to active habits; and, on the contrary, many who have laid aside out-door occupations and confined themselves to in-door business, have soon given marked signs of the approach of this disease.

## TREATMENT BY ALCOHOL INTERNALLY AND EXTERNALLY APPLIED.

I have seen consumptive patients greatly benefited by taking medicine prepared in spirits. — I hope none of the friends of temperance will feel alarmed at this remark, as I speak of it, *wholly as a medicine in this disease*. The idea is, perhaps, not new; but, new, or old, I venture to say, it is one which will bear the test of experience. Long before I was able in any way to account for it, I found it to be a fact, that *spirit-drinkers* were much more apt to recover from *lung* attacks than any other class in the community. The fact I knew; the why, I could not tell. But the recent investigations upon pathology and chemistry appear to me to have thrown some light upon this subject.

Many morbid anatomists, among whom *Dr. Bennet* holds a prominent place, have asserted that *puckerings* or *cicatrices* of the

lungs, — indicating tubercular disease, at some former period, which had been cured, — are much oftener found in the dead bodies of spirit-drinkers, who have died of other diseases than those of the lungs, than of others. This being the fact, and corresponding, as it does, with my experience, may not the following be the reason? Spirit prevents the *arterialization* of the blood, as it circulates in it *unchanged*, uniting with the oxygen in the blood, and forming with it carbonic acid, thus keeping the blood in a *venous* condition, and preventing that abundance of *fibrin* upon which consumption depends. It has long been known, that alcohol is not *digested*; and the first chemists tell us, that it has a constant tendency to keep the blood *venous*.

Now, in every consumptive person, the blood is highly arterialized and abounds much in fibrine. The statement of some of the most distinguished pathologists is, that

during the whole process of tubercular disease, when it ends fatally, it depends upon this *fibrous* state of the blood, and that we cannot cure the disease till we can change this state, and bring back the *venous* condition in which the blood usually exists in a healthy person.

The idea I mean to communicate is this: spirit does not *nourish* the body, and, consequently, would do injury in health; but it enters undigested into the circulation, and changes the fibrinous condition of it, (where it exists, but may do great injury in a healthy man by inducing other diseases—for, sometimes people die without consumption,) and thus destroys the *aliment* upon which *tuberculization* depends; thus staying consumption, as pregnancy does in the female, and as chronic bronchitis and disease of the heart often do, both among men and women. Pregnancy stops, or if you please, *cures* consumption, till after the birth of the child, and

chronic bronchitis often does the same. Every practising physician has seen cases of this kind, and the reason why these diseases stop the *tubercular* deposition is, they prevent or destroy the arterialization of the blood upon which the poison depends. If the same state of venous blood continued in the female after giving birth to the child, consumption would make no progress. It would be forever *stayed*. So, often would it be, if a chronic catarrh continued. And so will it be by anything which keeps up the *venous* state of the blood. Sir B. Brodie, of Paris, and a multitude of the most eminent pathologists tell us, tubercular consumption never exists where the proper state of *venous* blood continues; and everybody, that is, every chemist and every temperance lecturer, tell us that spirit prevents the blood from being arterialized; pray tell us, then, why spirit will not stop, or cure consumption.

I would not encourage *intemperance*, but I do believe, there are more cases of consumption now, than when physicians allowed *such* patients the use of spirit, and when men drank more of it. I would prescribe it, in consumption, as I would *medicine*, and much sooner than I would *such kind* of medicine as has often been swallowed to cure diseased lungs.

I do not repudiate all medicine in consumptive cases, though I do think there has been a great mistake, generally, as to the *kind* of medicines to be used, and in expecting from them that which they can never do *alone*, and *unaided*, by the application of proper remedies directly to the diseased lungs, and the course to be pursued to change the *fibrinous* state of the blood. *Cod liver oil* and all its concomitants have been overrated; and I have named the cures recorded by those who have used these medicines, not so much to show *their* value, as



the fact that *consumption is curable*. “*The alcoholic lotion*” of M. Hall, which was the most successful of any plan heretofore laid down, in my opinion, owed its value to the *absorption* of the *alcohol*; and the same effect, or a better one, would have been realized, by some *alcoholic medicine*. I think this has never been *thus* accounted for, and yet it is the result of my experience in treating consumption, and enabling nature (who always does the work) to cure this disease.

One of the most skilful physicians I ever knew, said to me, more than twenty years since, “If I had a scrofulous patient, his medicine should contain half a pint of rum a day,” and experience since has verified his wisdom. But no man should prescribe this *for himself*, lest he bring on the disease, and die before his time; and in no case would I have a man attempt to prescribe this—physician or not—until fully satisfied that the disease was *tubercular consumption*.

## CONCLUSION.

OF what we have to say, then, this is the sum : —

1. Consumption has been, and can be, cured.

2. The inhalation of the proper substances; a free use of water, or spirit and water, *externally*, as prescribed by *Dr. M. Hall*; a large amount of exercise; free and full exposure to the air; a total discharge of feather beds, easy carriages, extra clothing, such as mufflers, flannels, heavy overcoats, tippets, and the whole paraphernalia of dresses that serve to *keep off air* and debilitate the already debilitated; a nourishing, but easily digested, diet; and the temperate use of spirit *medicated*, and, as a general thing, the *only* medicine to be taken.—The whole is thus comprised in a nut-shell, and I venture

to predict, that more consumptive patients have, and more will, recover health under such a course of treatment, adopted in whole, or in part, than by swallowing hogsheads of elixirs, balsams, pectorals, panaceas, cough-mixtures, and cough lozenges, and ten thousand other namable, and nameless compounds, recommended as *sure specifics* for consumption.

I do not say, I would never give medicine — but I do say, of the two courses, the old mode of *housing* and *drugging*, or the one above described of *out-door business*, with *no* medicine, or next to none, give me the latter. Still, some kinds of the mildest and most quieting substances may be used, as mere *aids* to the course here prescribed.

I speak that I do know. I have seen it tried in city and in country, in hospital and in private practice, and the few who have recovered have been those who pursued, fully, the *out of doors* remedies. I have had

patients who have *come up* on this plan, that were rapidly *going down* upon the other; and I venture the prediction, that, in ninety-nine cases in a hundred, taken in any tolerable season, this plan will succeed the best.

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## RECIPES.

IN the treatment of its various stages, the following medicines may be useful, or satisfactory to those who wish for medicine :

For the cough :

R. Gum ammoniac, 3 drachms.

Syrup of squills,  $\frac{1}{2}$  oz.

Paregoric,  $\frac{1}{4}$  oz.

Water, 7 ozs.

Mix. Take a teaspoonful three times a day.

To keep up the strength :

R. Tincture of muriate of iron, 1 oz.

Sulphate of quinine, 15 grs.

Sulphate of morphine, 5 grs.

Simple syrup, 8 ozs.

Mix. Dose, a teaspoonful three times daily.

For the tubercular deposit :

R. Wood naphtha, two drops three times a day.

To quiet irritation :

R. Syrup tolu,            }  
       Syrup squills,        } Equal parts, one oz.  
       Paregoric, half an oz.

Mix. Dose, a teaspoonful, often.

A better, for the same :

R. Extract of lettuce.

Dissolve in the mouth and swallow.

Another, for the same :

R. Pulverized capsicum,    }  
       " lobelia,                } Equal parts.  
       " valerian,               }

A small pill occasionally.

For bad digestion :

R. Mandrake, pulverized, 1 oz.  
       Extract of dandelion,  $\frac{1}{2}$  oz.

Make into medium sized pills; dose, three twice a day.

To promote expectoration :

R.   Liquor potassa,           10 drops.  
      Tincture of squills, 10   “

Mix, and take at once.

To restore injured digestion and quiet nervous irritability :

R.   Pulverized asafœtida, 1 oz.  
      Sulphate quinine,       1 drachm.  
      Pulverized rhubarb,    2   “  
      Pulverized ipecac.,     1 scruple.

Mix, and make into 120 pills; take three two or three times daily.

Strengthening solution :

R.   Sulphate of quinine, 1 scruple.  
      Sulphuric acid,       20 drops.  
      Water,                 1 ounce.

Dose, a teaspoonful two or three times a day.

For cough and restlessness :

R.   Syrup tolu,               1 oz.  
      Syrup black snake root,  $\frac{1}{2}$  drachm.  
      Paregoric,               2 drachms.  
      Wine of ipecac.,       1   “

Dose, a teaspoonful, often.

For heart-burn, or sour stomach :

R. Rhubarb, 10 grs.  
     Super carbonate of soda, 1 drachm.

Divide into three papers; take one three times a day.

For the same

R. Rhubarb,  $\frac{1}{2}$  oz.  
     Bi. carb. of soda, or salæratuſ, "  
     Peppermint herb, 2 dr.  
     Boiling water, half a pint.

Sweeten with ſugar.

Dose, a teaſpoonful every two hours.

For cough and dyspnœa :

R. Tincture ammonia, 1 oz.  
     Syrup squill, 2 drachms.  
     " tolu, 3 "  
     Paregoric, 2 "

Dose, a tableſpoonful, often.

For the ſame :

R. Almond mixture, 6 oz.  
     Wine of ſquills, 3 drachms.  
     Paregoric, 2 "  
     Tincture digitalis, 20 drops.

Dose, a tableſpoonful, often.

Diet drink for consumptive patients :

- R. Decoction of barley, 2 pints.  
Gum Arabic, 3 drachms.  
Syrup of limes, 1½ oz.

Use freely.

For the same :

- R. Decoction cinnamon, 5 oz.  
Solution of acetate of ammonia, 1 oz.

Dose, 2 table-spoonsful often.

For consumptive debility :

- R. A tea of the sweet bugle, drank cold,  
frequently during the day.

Ointment for sore throat :

- R. Iodide of potassium, 1 drachm.  
Acetate morphine, 10 grs.  
Spermaceti ointment, 1 oz.

Rub on a little, night and morning.

The following are good methods of preparing the cod liver oil :

- R. Cod liver oil,                    }  
Syrup orange-peel,                }  
Aniseseed water,                    }  
Oil of calamus,                    3 drops.



Mix. Dose, a table-spoonful three times a day.

R. Cod liver oil,  $\mathfrak{z}\text{iv}$ .  
 Solution of carbonate of potash,  $\mathfrak{z}\text{ss}$ .  
 Syrup of orange or lemon peel,  $\mathfrak{z}\text{ii}$ .  
 Caraway water,  $\mathfrak{z}\text{ss}$ .

Mix. Dose, two table-spoonsful twice a day.

R. Cod liver oil,  $\left. \begin{array}{l} \text{aa.} \\ \mathfrak{z}\text{iv.} \end{array} \right\}$   
 Malaga wine,  $\left. \begin{array}{l} \text{aa.} \\ \mathfrak{z}\text{iv.} \end{array} \right\}$   
 Pul. gum Arabic,  $\mathfrak{z}\text{i}$ .  
 Syrup orange-peel,  $\mathfrak{z}\text{i}$ .  
 Spirit of peppermint,  $\mathfrak{z}\text{ii}$ .

Mix. Dose, two table-spoonsful twice or thrice a day.

External use of cod liver oil :

R. Cod liver oil,  $\mathfrak{z}\text{ss}$ .  
 Liquor of potash,  $\mathfrak{z}\text{ss}$ .  
 Lard, sufficient to form an ointment.

R. Cod liver oil,  $\mathfrak{z}\text{x}$ .  
 Liquid diacetate of lead,  $\mathfrak{z}\text{v}$ .  
 Yolk of egg,  $\mathfrak{z}\text{iv}$ .

Mix. Both these may be applied to scrofulous ulcers.









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